

# **RECOMMENDATION**

**December 2009**

## **Screening, Brief Intervention, and Referral to Treatment (SBIRT) as the Standard of Care for University, College and Community College Student Health and Counseling Centers in California**

**A RECOMMENDATION OF THE** Governor's Prevention Advisory Council, endorsing the adoption of Screening, Brief Intervention, and Referral to Treatment (SBIRT) services<sup>1</sup> as the standard of practice<sup>2</sup> for early detection of and intervention in high risk alcohol and other drug use at all university, college, and community college student health and counseling centers in California.

**WHEREAS**, studies show that on the average college and/or university campus<sup>3</sup>:

- a. Approximately 44% of the student population engages in the excessive consumption of alcoholic beverages;
- b. The percentages for the student population that engages in the excessive consumption of alcoholic beverages remains nearly uniform from their freshman to senior years;

- c. More than half of the student population that engages in the excessive consumption of alcoholic beverages “binged” on three or more occasions within the previous two weeks of being surveyed.
- d. Surveys at colleges and universities across the country indicate the following percentage of students used other drugs within the past year: marijuana (32.3 percent), amphetamines (6.5 percent), hallucinogens (7.5 percent), cocaine (3.7 percent), and ecstasy (3.6 percent).<sup>4</sup> Almost 16% report nonmedical use of prescription medications.<sup>5</sup>

**WHEREAS**, studies show that the frequent binge drinkers are twenty-one times more likely to have<sup>6</sup>:

- a. Fallen behind in their academic studies;
- b. Demonstrated behavior resulting in damaged property;
- c. Demonstrated behavior resulting in themselves being hurt or injured;
- d. Demonstrated delinquent behavior resulting in their involvement with campus police;
- e. Driven a vehicle while intoxicated by alcohol;
- f. Demonstrated behavior resulting in their participation in unplanned sexual activity;
- g. Engaged in unprotected sexual activities;

**WHEREAS**, studies show that on a national scale<sup>7</sup>:

- a. Approximately 1,700 of college/university students die from alcohol related causes, with 75 to 80 percent of those involving motor vehicle accidents;
- b. Approximately 600,000 of college/university students suffer non-fatal alcohol related injuries;
- c. Approximately 700,000 of college/university students are victims of assault by an intoxicated individual;
- d. Approximately 400,000 of college/university students engage in alcohol related unprotected sex;
- e. Approximately 1.2 to 1.5 percent of college/university students attempt suicide secondary to alcohol or other drug use;
- f. More than 150,000 of college/university students develop an alcohol related health problem.
- g. Over 27% of non-medical prescription drug users eventually develop problematic abuse, with the risk being higher the younger the onset of use<sup>8</sup>.
- h. Marijuana use in adolescents and young adults impairs memory and cognitive functions up to 30 days after abstinence is achieved<sup>9</sup>.

- i. By self-report, approximately 31 percent of college/university students meet criteria for a diagnosis of alcohol abuse, 6 percent meet a diagnosis of alcohol dependence, and as many as 50 percent of college students have contact with their campus health center annually<sup>10</sup>.

**WHEREAS**, Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence based practice, proven to reduce high-risk drinking behavior as follows:

- a. Approximately a 47 percent reduction in emergency room recidivism due to injuries over the next three years for patients with mild to moderate alcohol problems<sup>11</sup>;
- b. Over 50 percent of patients in San Diego outpatient settings reduced alcohol consumption over the following six months after a single individualized intervention<sup>12</sup>;
- c. The largest SBIRT project in medical settings (459,599 screenings) found 67.7 % lower rate of drug use and 38.6% lower heavy alcohol use at 6-month follow-up<sup>13</sup>.
- d. Amherst College reduced annual excessive episodic drinkers from 77 percent to 57 percent, and frequent binge drinkers from 40 percent to 25 percent, after campus police employed SBIRT practices<sup>14</sup>.

**THEREFORE**, be it resolved that the Governor's Prevention Advisory Council affirm their strong support for Screening, Brief Intervention and Referral to Treatment (SBIRT) services for high risk alcohol and other drug use to be adopted as the standard of practice for care in all university, college and community college student health and counseling centers in California.

### References:

1. Each institution or education system shall determine the set of SBIRT services that most appropriately meet the needs of its particular student body.
  - A. By endorsing the adoption of SBIRT services as the standard of practice for detection and intervention services on all campuses in California, GPAC is not creating any legal liability. The standard of medical practice is defined by the actual practices conducted within the medical community. GPAC is strongly encouraging that SBIRT services become the standard of care for early detection of, and early intervention on, high risk alcohol and other drug use in all California campus healthcare centers for the following reasons:
  - B. The campus population is at very high risk of alcohol and drug problems
  - C. Early detection should be seen as being at the core of healthcare
  - D. Failure to provide SBIRT services, in and of itself, may soon constitute a source of liability
2. All alcohol references (a-c): Center for Science in the Public Interest Alcohol Policies Project Fact Sheet [www.cspint.org/booze/collfact1.htm](http://www.cspint.org/booze/collfact1.htm)
3. <http://www.yesican.gov/drugfree/alcabuse.html>
4. SE McCabe, "Screening for Drug Abuse Medical and Nonmedical Users of Prescription Drugs in a Probability Sample of College Students, *Arch Pediatr Adolesc Med.* 2008 March; 162(3): 225-231
5. All alcohol references (d): Center for Science in the Public Interest Alcohol Policies Project Fact Sheet [www.cspint.org/booze/collfact1.htm](http://www.cspint.org/booze/collfact1.htm)
6. [www.collegedrinkingprevention.gov/StatsSummaries/snapshot.aspx](http://www.collegedrinkingprevention.gov/StatsSummaries/snapshot.aspx)
7. SE McCabe et al, "Does early onset of non-medical use of prescription drugs predict subsequent prescription drug abuse and dependence?" *Addiction* 2007 December; 102(12):1920-30
8. Pope et al, "The Residual Cognitive Effects of Heavy Marijuana Use in College Students," *JAMA*, Feb 21, 1996 Vol 275, No. 7 and Medina et al (2007). Neuropsychological functioning in adolescent marijuana users: Subtle deficits detectable after 30 days of abstinence. *Journal of the International Neuropsychological Society*, 13(5), 807-820.

9. American College Health Association Survey, 1999-2000
10. Gentilello et al, "Alcohol Interventions in a Trauma Center as a Means of Reducing the Risk of Injury Recurrence," *Annals of Surgery*, Vol. 230, No. 4, 473-483, 1999
11. Unpublished data from SAMHSA funded San Diego CASBIRT project
12. Madras BK, et al, "Screening, brief interventions, referral to treatment (SBIRT) for illicit drug and alcohol use at multiple healthcare sites: comparison at intake and 6 months later," *Drug Alcohol Depend*, Jan 1, 2009
13. SAMSHA News, March/April 2008. P. 5